



Washington State Nursing Care Quality Assurance Commission
Position Statement on:
Managing Patients Receiving Epidural Analgesia

It is within the scope of practice of a Registered Nurse to administer medication for the purpose of epidural analgesia if the following requirements, instructions, education exceptions are met: Additionally special situations identified under exceptions may also apply.

General Requirements: The institution maintains:

1. Written policy, procedures and Nursing Guidelines for patient monitoring, drug administration and management, which are immediately available for review and implementation.
2. The epidural catheter or port is placed by a licensed anesthesia provider who assumes responsibility for ensuring proper placement and monitors the initial test dose of the medication. A licensed anesthesia provider must be readily available as defined by institutional policy, to manage any complication, which might arise when the RN is monitoring epidural analgesia.
3. The registered nurse assumes responsibility for patient care only after the credentialed anesthesia provider who has placed the catheter has verified correct catheter placement, the patient's vital signs are stable and the analgesia level of the patient is established and stabilized.
4. Only registered nurses with the appropriate education, knowledge, skills and supervised clinical practice are allowed to administer and manage the medications for epidural analgesia.
5. With a valid order from an authorized prescriber, the nurse may:
 - a. Inject medication into an epidural (after a test dose by an anesthesia provider).
 - b. Monitor medication through epidural catheters.
 - c. Connect an epidural infusion pump and tubing to an epidural catheter
 - d. Turn the pump on and run an infusion of narcotic analgesia at the rate prescribed by the anesthesia provider.
 - e. Increase or decrease infusion rates.
 - f. Change a bag of fluid with identical pre-made medication when the prior bag is empty.
 - g. Stop the infusion and remove the catheter.

Education: The Registered Nurse must receive instructions in and demonstrate competence in the following;

1. Epidural anatomy and physiology
2. Indications and contraindications to epidural analgesia
3. Potential adverse reactions
4. Maintenance of the catheter and or infusion device and related equipment
5. Pharmacology and pharmacokinetics of commonly used analgesia medications
6. Nursing care responsibilities as defined and approved by institutional policy.

Exception: # 1. Monitoring Obstetrical Labor and Delivery patients receiving epidural analgesia via pump infusion (non PCEA)

1. Insertion, initial injection or re-injection of the continuous infusion of epidural catheters for anesthesia or analgesia for the obstetrical patient in labor may ONLY be performed by a credentialed anesthesia provider.
2. The obstetrical nurse may assist in maintaining the continuous epidural infusion by replacing empty infusion syringes or bags with prepackaged solutions. The obstetrical nurse may stop the infusion as needed. The obstetrical nurse may remove the catheter upon direction of the anesthesia care provider.
3. The obstetrical nurse may not adjust the rate of infusion of the continuous epidural infusion and may not administer a bolus dose of medication or adjust the pump to provide a bolus dose.

Exception # 2. Monitoring Labor and Delivery Patients Receiving Epidural Analgesia via “Parturient Controlled Epidural Analgesia (PCEA).

The obstetrical nurse may assist in monitoring of Parturient Controlled Analgesia (PCEA), when the following safeguards are in place.

Policy and Procedures to ensure patient safety will be developed by the obstetrical nurse and anesthesia services and approved by the obstetrical service and the institution. These will include at a minimum:

- a. Criteria written for patient selection and patient education in the use of the PCEA pump.
- b. Only a credentialed anesthesia provider performs the insertion and initial injection of the epidural catheter and will remain present until all vital signs are stable.
- c. The anesthesia provider activates and programs the PCEA pump with the proper dosing and lockout procedures.
- d. The anesthesia provider attaches the epidural catheter to the PCEA pump.
- e. The anesthesia provider is “readily available” to deal with the complications and institute proper interventions. “Readily available” is defined by institutional policy.

Exception # 3. The Position Statement on: Managing Patients Receiving Epidural Analgesia does not include the care of patients receiving Intrathecal Analgesia or Intrathecal Infusions for Analgesia.

Exception #4. The Position Statement on: Managing Patients Receiving Epidural Analgesia does not include the care of patients receiving epidural analgesia for palliative reasons, with terminal diagnosis, in whatever setting.

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